

# MEDIATION REQUEST FORM

## City of Los Angeles Alternative Dispute Resolution (ADR) Program for Workers' Compensation Claims

Administered by California Claims Management Services, Inc.

21213-B Hawthorne Blvd. #5436 Torrance, CA 90503

Tel: (833) 505-2267 Fax: (310) 214-3095

Email: [contact@adrlacity.org](mailto:contact@adrlacity.org)

**Note:** Prior to requesting a mediation, a party that intends to request mediation must first make a good faith effort to resolve the dispute with the opposing party. The moving party requesting mediation shall provide evidence of good faith effort to resolve the dispute (e.g. copy of email and/or correspondence). A request for mediation may be submitted after five business days following the date of the good faith efforts. Failure to provide evidence of good faith efforts will result in the rejection of the request for mediation.

Requested By: \_\_\_\_\_ Request Date: \_\_\_\_\_  
Employee: \_\_\_\_\_ Adjuster: \_\_\_\_\_  
Claim #: \_\_\_\_\_ DOI: \_\_\_\_\_  
Applicant Attorney: \_\_\_\_\_ AA Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Requested Dates for Mediation: \*8:30 a.m. start time (AM) or 1:30 p.m. start time (PM)

First Choice	Second Choice	Third Choice
Day: _____ Time: _____ (am/pm)	Day: _____ Time: _____ (am/pm)	Day: _____ Time: _____ (am/pm)

**Note:** Mediation shall be completed within fifteen (15) working days from the date of the referral unless both the injured employee and City mutually agree to an extension. Agree to extension \_\_\_\_\_

---

**Your Position Statement (details explaining the nature of the dispute) MUST be submitted with your request. Please also provide copies of medical reports and any and all additional documents that substantiate your position.**

Medical Discovery completed? Yes/No

Is the IW P&S/MMI? Yes/No

Estimated WPI Rating \_\_\_\_\_%

Has a demand in writing been made? Yes/No

**If employee will not be present at the mediation, please advise with your proper cause prior to mediation.**

Please submit completed forms to [contact@adrlacity.org](mailto:contact@adrlacity.org) or fax to: (310) 214-3095